

**Center for Educational Performance and Information**  
**MEIS Security Agreement to Access the**  
**Single Record Student Database (SRSD) Application**

ISD Code: \_\_\_\_\_

ISD Name: \_\_\_\_\_

- Step 1.** Enter the name of the designated individual whom the Superintendent or Chief Information Officer authorizes to submit and/or audit the SRSD data for the ISD's constituent districts.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone number

- Step 2.** Please check the reason for which access is being requested.

☐

Uploading SRSD Files

☐

Auditing

☐

Administrator (State Use Only)

For the authorized individual: If you already have a MEIS account, go to Step 4. Separate security agreements must be completed and faxed for each MEIS application (e.g., Single Record Student Database, School Code Master, School Infrastructure Database, Registry of Educational Personnel, Financial Information Database). If you do not already have a MEIS account number, use Internet Explorer to access the Internet and go to the following URL:  
<http://meis.mde.state.mi.us>. Follow the directions in Step 3.

- Step 3.** Click on the **MEIS USER MANAGEMENT** link. There you will be instructed on how to create a new account.

- Step 4.** Once a MEIS account number is obtained, please enter the following requested information:

Authorized MEIS Account Number: \_\_\_\_\_

- Step 5.** For the individual to be authorized: ***Please sign below.***

I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility. I am familiar with my district's FERPA policy. *(Please complete the next line if you are replacing a formerly authorized individual.)*

\_\_\_\_\_  
Name of Formerly Authorized Individual

\_\_\_\_\_  
Account Number

☐

Please remove this individual from the SRSD application (i.e., s/he is no longer responsible for the SRSD).

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Please close this individual's MEIS account (i.e., s/he is no longer employed by this district).

\_\_\_\_\_  
**Signature of Individual to be Authorized**

\_\_\_\_\_  
Date

- Step 6.** For the Superintendent or Chief Information Officer: ***Please sign below.***

I attest that the above named individual is authorized by me to submit SRSD data to the Michigan Education Information System for my districts/ISD and (if appropriate box is checked above) to change the FTE counts when required.

\_\_\_\_\_  
Name of ISD

\_\_\_\_\_  
**Signature of Superintendent/Chief Information Officer/Designee**

\_\_\_\_\_  
Date

- Step 7.** Mail or fax this form to:

**Center for Educational Performance and Information**  
**110 West Michigan Avenue, Suite 600**  
**Lansing, Michigan 48913**  
**Fax #: (517) 335-0488**  
**Email: [Help-Desk@michigan.gov](mailto:Help-Desk@michigan.gov)**